

**STATE COMPLAINT**  
**under the Individuals with Disabilities Education Act (IDEA)-Part B and**  
**the Utah State Board of Education Special Education Rules, IV.G.**

**(Submit to the Superintendent of the school district or charter school and  
copy to Nan Gray, State Director of Special Education,  
Utah State Office of Education, P.O. Box 144200, Salt Lake City, Utah 84114-4200.)**

Date: \_\_\_\_\_

School District: \_\_\_\_\_ School Student Attends: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Parent(s)/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Student's Address, (if different): \_\_\_\_\_

A State Complaint may be filed if the parent alleges there has been a violation of IDEA that occurred not more than one year prior to the date the complaint is received by the LEA, unless a longer period is reasonable because the violation is continuing or compensatory services are requested for a violation that occurred not more than three years prior. Complaints must be regarding the proposal or refusal of an LEA with respect to identification, evaluation, educational placement, or the provision of a Free Appropriate Public Education (FAPE) to a student with disabilities.

Describe the problem relating to the proposal or refusal indicated above.

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How do you think this violated IDEA?

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Name of person filing complaint: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_